

United States Bankruptcy Court WESTERN DISTRICT OF MISSOURI							Voluntary Petition										
Name of Debtor (if individual, enter Last, First, Middle): <b>Fox, Tammy Lynn</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Fox, Justin Wayne</b>													
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>AKA Tammy Morris; AKA Tammy Cleffman</b>				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):													
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>XXX-XX-8171</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>XXX-XX-8247</b>													
Street Address of Debtor (No. and Street, City, and State): <b>1012 Noigo Road South West City, MO</b>				ZIP Code <b>64863</b>		Street Address of Joint Debtor (No. and Street, City, and State): <b>1012 Noigo Road South West City, MO</b>				ZIP Code <b>64863</b>							
County of Residence or of the Principal Place of Business: <b>Mcdonald</b>				County of Residence or of the Principal Place of Business: <b>Mcdonald</b>													
Mailing Address of Debtor (if different from street address):				ZIP Code		Mailing Address of Joint Debtor (if different from street address):				ZIP Code							
Location of Principal Assets of Business Debtor (if different from street address above):																	
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.  <input type="checkbox"/> Corporation (includes LLC and LLP)  <input type="checkbox"/> Partnership  <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)			<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)  <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).				<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <table border="1" style="width: 100%;"><tr><td><input checked="" type="checkbox"/> Chapter 7</td><td><input type="checkbox"/> Chapter 12</td></tr><tr><td><input type="checkbox"/> Chapter 9</td><td><input type="checkbox"/> Chapter 13</td></tr><tr><td colspan="2"><input type="checkbox"/> Chapter 11</td></tr></table> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding					<input checked="" type="checkbox"/> Chapter 7	<input type="checkbox"/> Chapter 12	<input type="checkbox"/> Chapter 9	<input type="checkbox"/> Chapter 13	<input type="checkbox"/> Chapter 11	
<input checked="" type="checkbox"/> Chapter 7	<input type="checkbox"/> Chapter 12																
<input type="checkbox"/> Chapter 9	<input type="checkbox"/> Chapter 13																
<input type="checkbox"/> Chapter 11																	
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b> Check one box:  <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if:  <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/13 and every three years thereafter).  Check all applicable boxes:  <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).														
<b>Statistical/Administrative Information</b>  <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.  <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.								<b>THIS SPACE IS FOR COURT USE ONLY</b>									
Estimated Number of Creditors																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>					
1-49	50-99	100-199	200-999	1,000 5,000	5,001 10,000	10,001 25,000	25,001 50,000					50,001 100,000	OVER 100,000				
Estimated Assets																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>					
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 Billion								
Estimated Liabilities																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 Billion								

**Voluntary Petition**

(This page must be completed and filed in every case)

Document

Name of Debtor(s)

Tammy Lynn Fox/Justin Wayne Fox

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed:	- None -	Case Number:		Date Filed:	
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**Pending Bankruptcy Cases Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Debtor Name:	- None -	Case Number:		Date Filed:	
District:		Relationship:		Judge:	

**Exhibit A**

(To be completed if debtor is required to file periodic reports(e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ Camron Hoorfar**

Signature of attorney for Debtor(s)

**10/30/2014**

Date

**Camron Hoorfar****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

- ☐ Yes, and Exhibit C is attached and made a part of this petition.  
☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

- ☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.  
 If this is a joint petition:  
☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check any applicable box)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
 (Name of landlord that obtained judgment)

\_\_\_\_\_  
 (Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

(This page must be completed and filed in every case)

**Document**

Name of Debtor(s):

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Tammy Lynn Fox/Justin Wayne Fox**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Tammy Lynn Fox

Signature of Debtor

Tammy Lynn Fox

**X** /s/ Justin Wayne Fox

Signature of Joint Debtor

Justin Wayne Fox

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

10/30/2014

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached..

**X** \_\_\_\_\_

Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\*****X** /s/ Camron Hoorfar

Signature of Attorney for Debtor(s)

Camron Hoorfar 60942

Printed Name of Attorney for Debtor(s)

Law Office of Camron Hoorfar, PC

Firm Name

202 SW Market Street Lee's Summit, MO 64063

Address

816-524-4949

Telephone Number

10/30/2014

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_

Signature of Authorized Individual

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_

\_\_\_\_\_  
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**United States Bankruptcy Court****WESTERN DISTRICT OF MISSOURI****In re** Tammy Lynn Fox/Justin Wayne Fox  
**Debtors****Case No.** \_\_\_\_\_  
(If known)  
**Chapter** 7**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

**(A) BANKRUPTCY SERVICES**

For legal services, I have agreed to accept	<u>\$1,300.00</u>
Prior to the filing of this statement I have received	<u>\$1,300.00</u>
Balance Due	<u>\$0.00</u>

2. \$335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

a. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 10/30/2014

/s/ Camron Hoorfar

**Camron Hoorfar**

**Law Office of Camron Hoorfar, PC**

Advanced Monitoring Services  
PO BOX 845  
Lowell, AR 72745

American Honda Finance  
201 Little Falls Dr.  
Wilmington, DE 19808

Synergetic Communication, Inc.  
5450 N.W. Central #220  
Houston, TX 77092

BANK OF AMERICA  
4150 FRIEDRICH LANE Suite I  
Austin, TX 78744

Bentonville Radiology Consultants  
PO BOX 1029  
Fayetteville, AR 72702

Cap1/Kawas  
490 E Sunny Dunes Rd  
Palm Springs, CA 92264

Cap1/Suzki  
2728 N Harwood St.  
Dallas, TX 75201

Chase  
P.O. Box 15298  
Wilmington, DE 19850

COMPASS BANK  
15 20TH ST S FL 9  
Birmingham, AL 35233

Darrell W. Hedrick DDS PC  
2001 Laquesta Drive  
Neosho, MO 64850

Darrell W. Hendrick, DDS PC  
2001 Laquesta Drive  
Neosho, MO 64850

Fingerhut  
PO BOX 166  
Newark, NJ 07101

FMS Inc  
4915 S Union Ave  
Tulsa, OK 74107

FMS INC.  
PO BOX 707600  
Tulsa, OK 74170

Freeman Health System  
1102 West 32nd St.  
Joplin, MO 64804

Harley Davidson Credit Corp.  
3700 W. Juneau Ave.  
Milwaukee, WI 53208

Highlands Oncology Group  
3232 N North Hills Blvd  
Fayetteville, AR 72703

HSBC/Kawas  
90 Christiana Rd  
New Castle, DE 19720

HSBC/POLRS  
90 CHRISTIANA RD  
New Castle, DE 19720

Integris Health / Grove Hospital  
PO BOX 960399  
Oklahoma City, OK 73196

Integris Health / Grove Hospital  
PO BOX 960399  
Oklahoma City, OK 73196

Missouri Child Support Division  
111 N 7th St #204  
Saint Louis, MO 63101

NCO Fin/55  
P.O. Box 13570  
Philadelphia, PA 19101

Northwest Anesthesiology Associates  
PO Box 583  
Lowell, AR 72745

Northwest Arkansas Neoursurgery Clinic  
5501 Willow Creek Drive Suite 203  
Springdale, AR 72762

Northwest Medical Center Bentonville  
PO Box 840448  
Dallas, TX 75284

Professional Account Services, Inc.  
POB BOX 188  
Brentwood, TN 37024

Professional Credit Management, Inc  
P.O. Box 4037  
Jonesboro, AR 72403

The Cornerstone Bank  
117 North Main  
South West City, MO 64863

Washington Regional Radiology  
P.O. BOX 9178  
Russellville, AR 72811



In re Tammy Lynn Fox/Justin Wayne Fox  
Debtor(s)

Case No: \_\_\_\_\_  
If known  
Chapter: 7

**VERIFICATION OF MAILING MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge and includes the name and address of my ex-spouse (if any)

Date: 10/30/2014

/s/ Tammy Lynn Fox  
**Tammy Lynn Fox**  
Signature of Debtor

Date: 10/30/2014

/s/ Justin Wayne Fox  
**Justin Wayne Fox**  
Signature of Co-Debtor



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**United States Bankruptcy Court**  
**WESTERN DISTRICT OF MISSOURI**

In re **Tammy Lynn Fox/Justin Wayne Fox**  
 Debtors

Case No. \_\_\_\_\_  
 (If known) Chapter **7**

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	1	<b>\$15,960.00</b>		
B - Personal Property	<b>Yes</b>	4	<b>\$18,285.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	2			
D - Creditors Holding Secured Claims	<b>Yes</b>	2		<b>\$24,996.85</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	3		<b>\$2,000.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	6		<b>\$87,486.57</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	1			
H - Codebtors	<b>Yes</b>	1			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	4			<b>\$1,609.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	3			<b>\$1,832.98</b>
Total Number of Sheets of ALL Schedules		27			
Total Assets			<b>\$34,245.00</b>		
Total Liabilities				<b>\$114,483.42</b>	

## United States Bankruptcy Court

## WESTERN DISTRICT OF MISSOURI

In re Tammy Lynn Fox/Justin Wayne Fox  
DebtorsCase No. \_\_\_\_\_  
If known**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>\$2,000.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>\$0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>\$0.00</b>
Student Loan Obligations (from Schedule F)	<b>\$0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>\$0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$2,000.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>\$1,609.00</b>
Average Expenses (from Schedule J, Line 22)	<b>\$1,832.98</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>\$2,186.61</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>\$21,496.85</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>\$2,000.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>\$0.00</b>
4. Total from Schedule F		<b>\$87,486.57</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>\$108,983.42</b>

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant,community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor’s own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an H,W, J, or C in the column labeled Husband, Wife, Joint, or Community. If the debtor holds no interest in real property, write None under Description and Location of Property.

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write None in the column labeled Amount of Secured Claim. If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	HUSBAND, WIFE, JOINT, OR COMMUNITY	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
1970 Trailer House on 5 Acres (2bed/1bath)	Fee Simple	H	\$15,960.00	\$0.00
Subtotal >			\$15,960.00	(Total of this page)
Total >			\$15,960.00	

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an x in the appropriate position in the column labeled None. If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an H, W, J, or C in the column labeled Husband, Wife, Joint, or Community. If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under Description and Location of Property. If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on Hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building an		Corner Stone Bank - Checking Acct # 2159 Location: 117 N. Main P.O. Box 78 Southwest City, MO 64863	J	\$78.00
3. Security Deposits with Utilities, telephone companies, Landlords, and Others	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		1 Couch - \$ 20 Coffe table/ end tables - \$50.00 Lamp - \$2.00 Entertainment center - \$50.00 Table and chairs - \$20.00 Stove \$30.00 Microwave \$20.00 Refrigerator \$50.00 Washer and dryer \$100.00 TV's \$30.00 Bedroom furniture \$100.00 Propane heater - \$50.00	J	\$522.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing Apparel		Men's clothing Women's clothing	J	\$300.00
Subtotal > (Total of this page)				\$900.00

Debtors

If known

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
7. Furs and Jewelry		2 Wedding bands	J	\$500.00
8. Firearms and Sports, Photographic and Other Hobby Equipment		Berretta 9mm pistol \$250.00 Berretta 40 Cal pistol \$250.00 .22 Mag \$100.00 .22 6 shot rifle \$25.00 (2) .22 long rifles \$80.00 .45 long black powder rifle \$75.00 (2) .45 black powder derringers \$50.00 30-06 shot gun \$100.00 2 12 gauge shot guns \$200.00 20 gauge \$75.00 (2) 50 Cal black powder \$150.00 (2) double barrel 12 gauge \$30.00	J	\$1,385.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		AD&D Insurance Policy No Cash Value	W	\$0.00
		Term Life Ins. through employer no cash value	W	\$0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C	X			
12. Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in Partnerships or Joint Ventures. Itemize..	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts Receivable	X			
Sheet no. 1 of 3 continuation sheets attached to the Schedule of Personal Property.) Subtotal > (Total of this page)				\$1,885.00

Debtors

If known

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other Liquidated Debts Owing Debtor Including Tax Refund. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those lis	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to seto	X			
22. Patents, Copyrights and Other Intellectual Property. Give particulars.	X			
23. Licenses, Franchises, and Other General Intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provide	X			
25. Automobiles, Trucks, Trailers, and Other Vehicles and accessories		2001 Ford Ranger 138,000 Miles	J	\$1,500.00
		2007 Kawasaki 500 10,008 Miles	J	\$1,000.00
		2010 Harley-Davidson Fat boy Low 25,000 Miles	W	\$10,500.00
26. Boats, Motors and Accessories	X			
27. Aircraft and Accessories		2007 Kawasaki 4 Wheeler	J	\$2,500.00
28. Office Equipment, Furnishings and Supplies	X			
Sheet no. 2 of 3 continuation sheets attached to the Schedule of Personal Property.) Subtotal > (Total of this page)				<b>\$15,500.00</b>

Debtors

If known

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
<b>29. Machinery, Fixtures, Equipment and Supplies Used in Business</b>	X			
<b>30. Inventory</b>	X			
<b>31. Animals</b>	X			
<b>32. Crops -Growing or Harvested. Give particulars.</b>	X			
<b>33. Farming Equipment and Implements</b>	X			
<b>34. Farm Supplies, Chemicals, and Feed</b>	X			
<b>35. Other Personal Property of Any Kind Not Already Listed. Itemize.</b>	X			
Sheet no. 3 of 3 continuation sheets attached to the Schedule of Personal Property.)				Subtotal > (Total of this page)
				<b>\$0.00</b>
				Total > (Report on Summary of Schedules)
				<b>\$18,285.00</b>

**Debtors****SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled

under:(Check one box)



11 U.S.C. § 522(b)(2)



Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)



11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
<b>Real Property</b>			
1970 Trailer House on 5 Acres (2bed/1bath)	RSMo § 513.475	15,000.00	15,960.00
	RSMo § 513.430.1(3)	724.17	
	RSMo § 513.440	235.83	
<b>Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings</b>			
Corner Stone Bank - Checking Acct # 2159	RSMo § 513.430.1(3)	10.00	78.00
Location: 117 N. Main P.O. Box 78 Southwest City, MO 64863			
	RSMo § 513.440	68.00	
<b>Household goods and furnishings, including audio, video, and computer equipment.</b>			
1 Couch - \$ 20	RSMo § 513.430.1(1)	522.00	522.00
Coffe table/ end tables - \$50.00			
Lamp - \$2.00			
Entertainment center - \$50.00			
Table and chairs - \$20.00			
Stove \$30.00			
Microwave \$20.00			
Refrigerator \$50.00			
Washer and dryer \$100.00			
TV's \$30.00			
Bedroom furniture \$100.00			
Propane heater - \$50.00			
<b>Wearing Apparel</b>			
Men's clothing	RSMo § 513.430.1(1)	300.00	300.00
Women's clothing			
<b>Furs and Jewelry</b>			
2 Wedding bands	RSMo § 513.430.1(2)	500.00	500.00
<b>Firearms and Sports, Photographic and Other Hobby Equipment</b>			



**Debtors****SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled

under:(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Berretta 9mm pistol \$250.00	RSMo § 513.430.1(3)	465.83	1,385.00
Berretta 40 Cal pistol \$250.00			
.22 Mag \$100.00			
.22 6 shot rifle \$25.00			
(2) .22 long rifles \$80.00			
.45 long black powder rifle \$75.00			
(2) .45 black powder derringers \$50.00			
30-06 shot gun \$100.00			
2 12 gauge shot guns \$200.00			
20 gauge \$75.00			
(2) 50 Cal black powder \$150.00			
(2) double barrel 12 gauge \$30.00			
	RSMo § 513.440	919.17	
<b>Interests in insurance policies.Name insurance company of each policy and itemize surrender or refun</b>			
Term Life Ins. through employer no cash value	RSMo § 513.430.1(7)	0.00	0.00
AD&D Insurance Policy No Cash Value	RSMo § 513.430.1(7)	0.00	0.00

**Total:****18,745.00****18,745.00**

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. <b>XX-XXXX-0024</b> <b>The Cornerstone Bank</b> <b>117 North Main</b> <b>South West City, MO 64863</b>		<b>J</b>	<b>04/2014</b> <b>Lien</b> <b>2001 Ford Ranger</b> <b>138,000 Miles</b>					
			<b>Value \$ 1,500.00</b>				<b>3,692.20</b>	<b>3,692.20</b>
Account No. <b>XX-XXXX-2161</b> <b>Harley-Davidson Credit Corp.</b> <b>3700 W. Juneau Ave.</b> <b>Milwaukee, WI 53208</b>		<b>J</b>	<b>4-7-2014</b> <b>Recreational Merchandise</b> <b>2010 Harley-Davidson Fat boy Low</b> <b>25,000 Miles</b>					
			<b>Value \$ 10,500.00</b>				<b>11,504.65</b>	<b>11,504.65</b>
Subtotal > (Total of this page)							<b>15,196.85</b>	<b>15,196.85</b>

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

CREDITOR’S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. <b>XX-XXXX-9208</b>		<b>J</b>	<b>03/2007 Recreational Merchandise 2007 Kawasaki 500 10,008 Miles</b>					
<b>HSBC/Kawas 90 Christiana Rd New Castle, DE 19720</b>			<b>Value \$           1,000.00</b>					
Account No. <b>XX-XXXX-9208</b>		<b>J</b>	<b>03/2007 Charge Account 2007 Kawasaki 4 Wheeler</b>					
<b>Cap1/Kawas 490 E Sunny Dunes Rd Palm Springs, CA 92264</b>			<b>Value \$           2,500.00</b>					
Subtotal > (Total of this page)							<b>9,800.00</b>	<b>6,300.00</b>
Total > (Report on Summary of Schedules)							<b>24,996.85</b>	<b>21,496.85</b>

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)



### Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐

### Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐

### Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐

### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

In re Tammy Lynn Fox/Justin Wayne Fox Case No. \_\_\_\_\_  
Debtors If known

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8)

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).(8).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Tammy Lynn Fox/Justin Wayne Fox

Document Page 22 of 59

Case No. \_\_\_\_\_

Debtors

If known

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

Domestic support obligations

TYPE OF PRIORITY

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No. XX-XXXX-NA			NA						
Missouri Child Support Division		J	Child Support						
111 N 7th St #204 Saint Louis, MO 63101							2,000.00	2,000.00	0.00

Sheet no. 1 of 1 continuation sheets attached to Schedule of  
Creditors Holding Priority ClaimsSubtotal >  
(Total of this page)

Total &gt;

(Use only on last page of the completed Schedule E.)  
(Report also on Summary of Schedules.)

2,000.00	2,000.00	0.00
2,000.00	\$2,000.00	\$0.00

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. XX-XXXX-U000			07-2014 Collection				
Advanced Monitoring Services  PO BOX 845  Lowell, AR 72745		J					5,079.00
Account No. XX-XXXX-7606			10/2009 Auto Deficiency				
American Honda Finance  201 Little Falls Dr.  Wilmington, DE 19808		J					7,291.00
Subtotal > (Total of this page)							12,370.00

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. XX-XXXX-1053 Synergetic Communication, Inc. 5450 N.W. Central #220 Houston, TX 77092		J	Representing: American Honda Finance				Notice Only
Account No. XX-XXXX-5750 BANK OF AMERICA 4150 FRIEDRICH LANE Suite I Austin, TX 78744		W	04-2014 Collection				23,642.33
Account No. XX-XXXX-BRC1 Bentonville Radiology Consultants PO BOX 1029 Fayetteville, AR 72702		J	4-2014 Collection				35.36
Account No. XX-XXXX-7565 Cap1/Suzki 2728 N Harwood St. Dallas, TX 75201		J	01/2005 Charge Account				615.00
Account No. XX-XXXX-5100 Chase P.O. Box 15298 Wilmington, DE 19850		J	12/2007 Credit Card				11,250.00

Sheet no. 1 of 5 continuation sheets attached to Schedule of Creditors Holding  
Unsecured Nonpriority Claims

Subtotal >  
(Total of this page)

35,542.69



**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. XX-XXXX-6043		W	12-2007 Collection				25,917.00
COMPASS BANK  15 20TH ST S FL 9  Birmingham, AL 35233							
Account No. XX-XXXX-7603		J	04/2014 Collection Account				1,042.10
Darrell W. Hedrick DDS PC  2001 Laquesta Drive  Neosho, MO 64850							
Account No. XX-XXXX-7603		J	10/2013 Collection Account				644.10
Darrell W. Hendrick, DDS PC  2001 Laquesta Drive  Neosho, MO 64850							
Account No. XX-XXXX-6017		J	04-2014 Collection				1,398.51
Fingerhut  PO BOX 166  Newark, NJ 07101							
Account No. XX-XXXX-7315		J	11/2013 Collections				450.00
FMS Inc  4915 S Union Ave  Tulsa, OK 74107							

Sheet no. 2 of 5 continuation sheets attached to Schedule of Creditors Holding  
Unsecured Nonpriority Claims

Subtotal >  
(Total of this page)

29,451.71

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. XX-XXXX-4085		J	4-2014 Collection				344.96
FMS INC.  PO BOX 707600  Tulsa, OK 74170							
Account No. XX-XXXX-9587		J	4-2014 Collection				165.82
FMS INC.  PO BOX 707600  Tulsa, OK 74170							
Account No. XX-XXXX-2994		J	4-2014 Collection				417.00
Freeman Health System  1102 West 32nd St.  Joplin, MO 64804							
Account No. XX-XXXX-6388		J	4-2014 Collection				201.02
Highlands Oncology Group  3232 N North Hills Blvd  Fayetteville, AR 72703							
Account No. XX-XXXX-2401		W	01-2005 Collection				2,536.69
HSBC/POLRS  90 CHRISTIANA RD  New Castle, DE 19720							

Sheet no. 3 of 5 continuation sheets attached to Schedule of Creditors Holding  
Unsecured Nonpriority Claims

Subtotal >  
(Total of this page)

3,665.49

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. XX-XXXX-7003		J	4-2014 Collection				600.00
Integris Health / Grove Hospital PO BOX 960399 Oklahoma City, OK 73196							
Account No. XX-XXXX-7004		J	04-2014 Collection				385.00
Integris Health / Grove Hospital PO BOX 960399 Oklahoma City, OK 73196							
Account No. XX-XXXX-8051		J	11/2011 Collections				307.00
NCO Fin/55 P.O. Box 13570 Philadelphia, PA 19101							
Account No. XX-XXXX-0859		J	02/2014 Collection Account				266.00
Northwest Anesthesiology Associates PO Box 583 Lowell, AR 72745							
Account No. XX-XXXX-1334		J	4-2014 Collection				1,434.02
Northwest Arkansas Neoursurgery Clinic 5501 Willow Creek Drive Suite 203 Springdale, AR 72762							
Sheet no. 4 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal > (Total of this page) 2,992.02

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. XX-XXXX-6847		J	02/2014 Collection Account				2,746.98
Northwest Medical Center Bentonville PO Box 840448 Dallas, TX 75284							
Account No. XX-XXXX-5166		J	4-2014 Collection				153.68
Professional Account Services, Inc. POB BOX 188 Brentwood, TN 37024							
Account No. XX-XXXX-NA		J	NA Collections				267.00
Professional Credit Management, Inc P.O. Box 4037 Jonesboro, AR 72403							
Account No. XX-XXXX-9174		J	04-2014 Collection				297.00
Washington Regional Radiology P.O. BOX 9178 Russellville, AR 72811							

Sheet no. 5 of 5 continuation sheets attached to Schedule of Creditors Holding  
Unsecured Nonpriority Claims

Subtotal >  
(Total of this page)

3,464.66

Total &gt;

87,486.57

(Use only on last page of the completed Schedule F.)

(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

**Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract**

**Description of Contract or Lease and Nature of Debtor's  
Interest. State whether lease is for nonresidential real  
property.  
State contract number of any government contract.**

-NONE-

In re Tammy Lynn Fox/Justin Wayne Fox  
Debtors

Document Page 30 of 59

Case No. \_\_\_\_\_  
If known

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

---

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

---

-NONE-

---

Debtor 1	<u>Tammy Lynn Fox</u>
Debtor 2 (spouse, if filing)	<u>Justin Fox</u>
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF MISSOURI</u>
Case number (if known)	<u></u>

Check if this is:

- ☐ An Amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

Official Form B 6I

MM/DD/YYYY**Schedule I : Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

1. Fill in your employment information.

	For Debtor 1	For Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	<b>Employment Status *</b> <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Include part-time, seasonal, or self-employed work.	<b>Occupation</b> <u>Laborer Loadout Operator</u>	
	<b>Employer's name</b> <u>Simmons Feed Ing.</u>	
Occupation may include student or homemaker, if it applies.	<b>Employer's address</b> <u>1 Main St</u> <u>South West City, MO 64863</u>	
	<b>How long employed there?</b> <u>10 Years</u>	

\*See Attachment for Additional Employment Information

**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	Debtor 1	Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>2,234.00</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. + \$ <u>92.00</u>	+ \$ <u>0.00</u>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <u>2,326.00</u>	\$ <u>0.00</u>

	Debtor 1	Debtor 2 or non-filing spouse
Copy line 4 here _____	4. \$ 2,326.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 393.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 275.65	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify <u>See Attachment</u>	5h.+ \$ 47.75	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 717.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,609.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependant regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + Line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,609.00 + \$ 0.00 = \$ 1,609.00	



11. State all other regular contributions to the expenses that you list in Schedule J

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify:

11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Data*, if it applies

12. \$ 1,609.00

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

- ☒ No
- ☐ Yes Explain:

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**  
**DETAILED INCOME ATTACHMENT**

<b><u>Other Deductions</u></b>	<b><u>Debtor Amount</u></b>	<b><u>Spouse Amount</u></b>
<b>Short Term Disability</b>	<b>\$22.36</b>	<b>\$0.00</b>
<b>Supplemental Life 15</b>	<b>\$19.50</b>	<b>\$0.00</b>
<b>HR Long Term Disability</b>	<b>\$5.89</b>	<b>\$0.00</b>
<b><u>Total Other Deductions</u></b>	<b>\$47.75</b>	<b>\$0.00</b>

Fill in this information to identify your case:

Document Page 33 of 39

16:42:41 Desc Main

Check if this is:

Debtor 1 Tammy Lynn Fox

Debtor 2  
(spouse, if filing) Justin Wayne Fox

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number  
(if known) \_\_\_\_\_

- ☐ An Amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

\_\_\_\_\_  
MM/DD/YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J : Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1:

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No.
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependent names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent .....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

None

None

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

#### Part 2:

##### Estimate your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I).

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a.	Real estate taxes	4a.	\$	10.04
4b.	Property, homeowner's, or renter's insurance	4b.	\$	0.00
4c.	Home maintenance, repair, and upkeep expenses	4c.	\$	0.00
4d.	Homeowner's association or condominium dues	4d.	\$	0.00
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5.	\$	0.00
6.	<b>Utilities:</b>			
6a.	Electricity, heat, natural gas	6a.	\$	250.00
6b.	Water, sewer, garbage collection	6b.	\$	45.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	343.00
6b.	Other. Specify _____	6b.	\$	0.00
7.	<b>Food and housekeeping supplies</b>	7.	\$	250.00
8.	<b>Childcare and children's education costs</b>	8.	\$	0.00
9.	<b>Clothing, laundry, and dry cleaning</b>	9.	\$	20.00
10.	<b>Personal care products and services</b>	10.	\$	20.00
11.	<b>Medical and dental expenses</b>	11.	\$	10.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	200.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	\$	0.00
14.	<b>Charitable contributions and religious donations</b>	14.	\$	0.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	119.68
15d.	Other insurance. Specify: <u>Ins. for Harley Davidson motorcycle</u>	15d.	\$	50.33
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Property (Motor Vehicles)</u>	16.	\$	19.70
17.	<b>Installment or lease payments:</b>			
17a.	Car payments for Vehicle 1	17a.	\$	139.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify: <u>Harley Davidson</u>	17c.	\$	356.23
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	18.	\$	0.00
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19.	\$	0.00
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>			
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00

20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20d.	\$	0.00
21.	Other: Specify:	21.	+\$	0.00
22.	Your monthly expenses. Add lines 4 through 21.			
	The result is your monthly expenses.			\$ 1,832.98
23.	Calculate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,609.00
23b.	Copy your monthly expenses from line 22 above.	23b.	\$	1,832.98
23c.	Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	-223.98
24.	Do you expect an increase or decrease in your expenses within the year after you file this form?			
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?			
	<input type="checkbox"/> No			
	<input type="checkbox"/> Yes Explain here:			

## United States Bankruptcy Court

WESTERN DISTRICT OF MISSOURI

In re Tammy Lynn Fox/Justin Wayne Fox  
Debtor(s)Case Number \_\_\_\_\_  
Chapter 7**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 10/30/2014Signature: /s/ Tammy Lynn Fox  
Tammy Lynn Fox DebtorDate 10/30/2014Signature: /s/ Justin Wayne Fox  
Justin Wayne Fox (Joint Debtor, if any)  
[If joint case, both spouses must sign.]

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

## United States Bankruptcy Court

## WESTERN DISTRICT OF MISSOURI

In re Tammy Lynn Fox/Justin Wayne Fox

Debtors

Case No.

Chapter 7**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

SOURCE	AMOUNT
<b>2012:Joint Tax Return</b>	<b>\$42,151.00</b>
<b>2013:Joint Tax Return</b>	<b>\$39,412.00</b>
<b>Jan 2014 YTD:Husband Employer</b>	<b>\$905.60</b>
<b>2014 YTD:Wife Income</b>	<b>\$19,890.94</b>

**2. Income other than from employment or operation of business**

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

SOURCE	AMOUNT
--------	--------

### 3. Payments to creditors

*Complete a. or b., as appropriate, and c.*

- None a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWNING
<b>Harley-Davidson Credit Corp.</b> <b>3700 W. Juneau Ave.</b> <b>Milwaukee, WI 53208</b>	<b>08/14, 09/14,10/14</b>	<b>\$1,068.69</b>	<b>\$11,148.42</b>

- None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWNING
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- None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWNING
---	------------------	-------------	---------------------

### 4. Suits and administrative proceedings, executions, garnishments and attachments

- None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
---------------------------------	----------------------	------------------------------	-----------------------

- None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	-----------------	-----------------------------------

### 5. Repossessions, foreclosures and returns

- None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
--	--	-----------------------------------

### 6. Assignments and receiverships

- None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------



- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	-------------------------------	------------------	--------------------------------------

**7. Gift**

- None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	--	--------------

**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Law Office of Camron Hoorfar, PC 202 SW Market Street Lee's Summit, MO 64063	November 2013	\$1,300.00 for bankruptcy representation \$335.00 for bankruptcy filing
Start Fresh Today 202 SW Market Street Lee's Summit, MO 64063	October 2014	\$39.00

**10. Other transfers**

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

- None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
-------------------------------	---------------------------	---

**11. Closed financial accounts**

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, ☒ certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) ☒

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) ☒

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property owned by another person that the debtor holds or controls.**

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
Sharon Fox South West City, MO 64863	Mobile home \$900.00	1012 Noigo Road South West City, MO 64863
Beverly Johnson South West City, MO 64863	2001 VM Beetle \$500.00 Not Running	1012 Noigo Road South West City, MO 64863

**15. Prior address of debtor**

None If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse. ☒

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouse and Former Spouses**

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the 8 year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state. ☒

NAME
------

# 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or  
☒ potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.  
☒ Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor  
☒ is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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# 18. Nature, location and name of business

- None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.  
☒

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

# 19. Books, records and financial statements

- None a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or  
☒ supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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- None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books  
☒ of account and records, or prepared a financial statement of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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6

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS	DATES SERVICES RENDERED
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- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME	ADDRESS
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**20. Inventories**

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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**21. Current Partners, Officers, Directors and Shareholders**

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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**22. Former partners, officers, directors and shareholders**

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23. Withdrawals from a partnership or distributions by a corporation**

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

**25. Pension Funds.**

- None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 10/30/2014

Signature /s/ Tammy Lynn Fox  
**Tammy Lynn Fox**  
Debtor

Date 10/30/2014

Signature /s/ Justin Wayne Fox  
**Justin Wayne Fox**  
Joint Debtor

United States Bankruptcy Court  
WESTERN DISTRICT OF MISSOURI

In re Tammy Lynn Fox/Justin Wayne Fox  
Debtors

Case No. \_\_\_\_\_  
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S  
STATEMENT OF INTENTION

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>The Cornerstone Bank</b>	<b>Describe Property Securing Debt:</b> 2001 Ford Ranger 138,000 Miles
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not Claimed as Exempt	
Property No. 2	
<b>Creditor's Name:</b> <b>Harley-Davidson Credit Corp.</b>	<b>Describe Property Securing Debt:</b> 2010 Harley-Davidson Fat boy Low 25,000 Miles
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not Claimed as Exempt	
Property No. 3	
<b>Creditor's Name:</b> <b>HSBC/Kawas</b>	<b>Describe Property Securing Debt:</b> 2007 Kawasaki 500 10,008 Miles

Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not Claimed as Exempt	

Property No.    4	
<b>Creditor's Name:</b> <b>Cap1/Kawas</b>	<b>Describe Property Securing Debt:</b> 2007 Kawasaki 4 Wheeler

Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not Claimed as Exempt	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.		
<b>Lessor's Name</b> -NONE-	<b>Describe Leased Property:</b>	<b>Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):</b> <div style="text-align: right;"><input type="checkbox"/> Yes              <input type="checkbox"/> No</div>

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date	<u>10/30/2014</u>	Signature	<u>/s/ Tammy Lynn Fox</u> Tammy Lynn Fox Debtor
Date	<u>10/30/2014</u>	Signature	<u>/s/ Justin Wayne Fox</u> Justin Wayne Fox Joint-Debtor

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.



**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

Document Page 50 of 59  
**United States Bankruptcy Court**  
**WESTERN DISTRICT OF MISSOURI**

In re **Tammy Lynn Fox/Justin Wayne Fox**  
**Debtors**

Case No. \_\_\_\_\_  
 Chapter **7**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)**  
**UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Tammy Lynn Fox**  
**Justin Wayne Fox**  
 Printed Name(s) of Debtor(s)

X **/s/ Tammy Lynn Fox** Date **10/30/2014**  
 Signature of Debtor

X **/s/ Justin Wayne Fox** Date **10/30/2014**  
**Justin Wayne Fox**  
 Joint Debtor

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**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

In re Tammy Lynn Fox/Justin Wayne Fox  
Debtor(s)

Document

Accompanying information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
- ☒ The presumption does not arise.
- ☐ The presumption is temporarily inapplicable.

Case Number: \_\_\_\_\_  
(If known)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

### Part I. MILITARY AND NON-CONSUMER DEBTORS

<b>1A</b>	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for “The presumption does not arise” at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
<b>1B</b>	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
<b>1C</b>	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the “exclusion period”). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for “The presumption is temporarily inapplicable” at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard.</p> <p><input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <p style="margin-left: 40px;"><input type="checkbox"/> I remain on active duty /or/</p> <p style="margin-left: 40px;"><input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="text-align: center; margin-top: 10px;"><b>OR</b></p> <p style="margin-left: 40px;"><input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/</p> <p style="margin-left: 40px;"><input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

<b>2</b>	<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b>  <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b>  <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b> <input checked="" type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b>																			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>																
<b>3</b>	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>		\$2,186.61	\$0.00																
<b>4</b>	<b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">A.</td> <td>Gross receipts</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>B.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>C.</td> <td>Business income</td> <td colspan="2" style="text-align: center;">Subtract Line B from Line A</td> </tr> </tbody> </table>				Debtor	Spouse	A.	Gross receipts	\$0.00	\$0.00	B.	Ordinary and necessary business expenses	\$0.00	\$0.00	C.	Business income	Subtract Line B from Line A		\$0.00	\$0.00
		Debtor	Spouse																	
A.	Gross receipts	\$0.00	\$0.00																	
B.	Ordinary and necessary business expenses	\$0.00	\$0.00																	
C.	Business income	Subtract Line B from Line A																		
<b>5</b>	<b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">A.</td> <td>Gross receipts</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>B.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>C.</td> <td>Business income</td> <td colspan="2" style="text-align: center;">Subtract Line B from Line A</td> </tr> </tbody> </table>				Debtor	Spouse	A.	Gross receipts	\$0.00	\$0.00	B.	Ordinary and necessary business expenses	\$0.00	\$0.00	C.	Business income	Subtract Line B from Line A		\$0.00	\$0.00
		Debtor	Spouse																	
A.	Gross receipts	\$0.00	\$0.00																	
B.	Ordinary and necessary business expenses	\$0.00	\$0.00																	
C.	Business income	Subtract Line B from Line A																		
<b>6</b>	<b>Interest, dividends and royalties.</b>		\$0.00	\$0.00																
<b>7</b>	<b>Pension and retirement income.</b>		\$0.00	\$0.00																
<b>8</b>	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.		\$0.00	\$0.00																
<b>9</b>	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td colspan="2">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> </tbody> </table>				Debtor	Spouse	Unemployment compensation claimed to be a benefit under the Social Security Act		\$0.00	\$0.00	\$0.00	\$0.00								
		Debtor	Spouse																	
Unemployment compensation claimed to be a benefit under the Social Security Act		\$0.00	\$0.00																	
<b>10</b>	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td></td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td colspan="2">Total and Enter on line 10</td> <td></td> <td></td> </tr> </tbody> </table>				Debtor	Spouse	a.		\$0.00	\$0.00	b.		\$0.00	\$0.00	Total and Enter on line 10				\$0.00	\$0.00
		Debtor	Spouse																	
a.		\$0.00	\$0.00																	
b.		\$0.00	\$0.00																	
Total and Enter on line 10																				
<b>11</b>	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$2,186.61	\$0.00																

<b>12</b>	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has not been completed, enter the amount from Line 11, Column A, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	<b>\$2,186.61</b>
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### Part III. APPLICATION OF § 707(b)(7) EXCLUSION

<b>13</b>	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	<b>\$26,239.32</b>
<b>14</b>	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Debtor's state of residence: <b>Missouri</b> Debtor's household size: <b>2</b>	<b>\$52,174.00</b>
<b>15</b>	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

### Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

<b>16</b>	<b>Enter the amount from Line 12.</b>									
<b>17</b>	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.									
	<table border="1" style="width: 100%;"> <tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
	Total and Enter on line 17									
<b>18</b>	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.									

### Part V. CALCULATION OF DEDUCTIONS FROM INCOME

#### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

<b>19A</b>	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)																									
<b>19B</b>	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.																									
	<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="3">Household members under 65 years of age</th> <th colspan="3">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;"></td> <td style="width: 25%;">Allowance per member</td> <td style="width: 25%;"></td> <td style="width: 5%;"></td> <td style="width: 25%;">Allowance per member</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td>Number of members</td> <td></td> <td></td> <td>Number of members</td> <td></td> </tr> <tr> <td></td> <td>Sub Total</td> <td></td> <td></td> <td>Sub Total</td> <td></td> </tr> </tbody> </table>		Household members under 65 years of age			Household members 65 years of age or older				Allowance per member			Allowance per member			Number of members			Number of members			Sub Total			Sub Total	
Household members under 65 years of age			Household members 65 years of age or older																							
	Allowance per member			Allowance per member																						
	Number of members			Number of members																						
	Sub Total			Sub Total																						
<b>20A</b>	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).																									
<b>20B</b>	<b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b>																									
	<table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">A.</td> <td style="width: 65%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 30%;"></td> </tr> </table>		A.	IRS Housing and Utilities Standards; mortgage/rental expense																						
A.	IRS Housing and Utilities Standards; mortgage/rental expense																									

	B.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	
	C.	Net mortgage/rental expense	

  

**21**

**Local Standards: housing and utilities; adjustment.** If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:

\_\_\_\_\_

  

**22A**

**Local Standards: transportation; vehicle operation/public transportation expense.** You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.

☐ 0
 ☐ 1
 ☐ 2 or more

If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at [www.usdoj.gov/ust/](http://www.usdoj.gov/ust/) or from the clerk of the bankruptcy court.)

  

**22B**

**Local Standards: transportation; additional public transportation expense.** If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at [www.usdoj.gov/ust/](http://www.usdoj.gov/ust/) or from the clerk of the bankruptcy court.)

  

**23**

**Local Standards: transportation ownership/lease expense; Vehicle 1.** Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)

☐ 1
 ☐ 2 or more

Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at [www.usdoj.gov/ust/](http://www.usdoj.gov/ust/) or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. **Do not enter an amount less than zero.**

A.	IRS Transportation Standards, Ownership Costs	
B.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	
C.	Net ownership/lease expense for Vehicle 2	

  

**24**

**Local Standards: transportation ownership/lease expense; Vehicle 2.** Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)

Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at [www.usdoj.gov/ust/](http://www.usdoj.gov/ust/) or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. **Do not enter an amount less than zero.**

A.	IRS Transportation Standards, Ownership Costs	
B.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	
C.	Net ownership/lease expense for Vehicle 2	

  

**25**

**Other Necessary Expenses: taxes.** Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. **Do not include real estate or sales taxes.**

  

**26**

**Other Necessary Expenses: involuntary deductions for employment.** Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. **Do not include discretionary amounts, such as voluntary 401(k) contributions.**

  

**27**

**Other Necessary Expenses: life insurance.** Enter total average monthly premiums that you actually pay for term life insurance for yourself. **Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.**

  

**28**

**Other Necessary Expenses: court-ordered payments.** Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. **Do not include payments on past due obligations included in Line 44.**

<b>29</b>	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education including similar services is available.	
<b>30</b>	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	
<b>31</b>	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	
<b>32</b>	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	
<b>33</b>	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	

**Subpart B: Additional Living Expense Deductions**  
**Note: Do not include any expenses that you have listed in Lines 19-32**

<b>34</b>	<p><b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a. Health Insurance</td> <td></td> </tr> <tr> <td>b. Disability Insurance</td> <td></td> </tr> <tr> <td>c. Health Savings Account</td> <td></td> </tr> </table> <p>Total and enter on Line 34.</p> <p><b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:</p> <p>_____</p>	a. Health Insurance		b. Disability Insurance		c. Health Savings Account		
a. Health Insurance								
b. Disability Insurance								
c. Health Savings Account								
<b>35</b>	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.							
<b>36</b>	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.							
<b>37</b>	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>							
<b>38</b>	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>							
<b>39</b>	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>							
<b>40</b>	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).							
<b>41</b>	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40							

**Subpart C: Deductions for Debt Payment**

<b>42</b>	<p><b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Name of Creditor</th><th style="width: 35%;">Property Securing the Debt</th><th style="width: 20%;">Average Monthly Payment</th><th style="width: 20%;">Does payment include taxes or insurance?</th></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">Total: Add Liens</td></tr> </table>	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?												Total: Add Liens	
Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?															
			Total: Add Liens															
<b>43</b>	<p><b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Creditor Name</th><th style="width: 40%;">Property Securing the Debt</th><th style="width: 30%;">1/60th of Cure Amount</th></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td style="text-align: right;">Total: Add Liens</td></tr> </table>	Creditor Name	Property Securing the Debt	1/60th of Cure Amount									Total: Add Liens					
Creditor Name	Property Securing the Debt	1/60th of Cure Amount																
		Total: Add Liens																
<b>44</b>	<p><b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b></p>																	
<b>45</b>	<p><b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Projected average monthly Chapter 13 plan payment.</td><td style="width: 30%;"> </td></tr> <tr> <td>b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td><td> </td></tr> <tr> <td>Average monthly administrative expense of Chapter 13 case</td><td> </td></tr> </table>	a. Projected average monthly Chapter 13 plan payment.		b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		Average monthly administrative expense of Chapter 13 case												
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Average monthly administrative expense of Chapter 13 case																		
<b>46</b>	<p><b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.</p>																	
<b>Subpart D: Total Deductions from Income</b>																		
<b>47</b>	<p><b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.</p>																	



**Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION**

<b>48</b>	<b>Enter the amount from Line 18</b> (Current monthly income for § 707(b)(2))	
<b>49</b>	<b>Enter the amount from Line 47</b> (Total of all deductions allowed under § 707(b)(2))	
<b>50</b>	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.	
<b>51</b>	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	
<b>52</b>	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than \$7,475.00*.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$12,475.00*.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount on Line 51 is at least \$7,475.00*, but not more than \$12,475.00*.</b> Complete the remainder of Part VI (Lines 53 through 55).	
<b>53</b>	<b>Enter the amount of your total non-priority unsecured debt</b>	
<b>54</b>	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.	
<b>55</b>	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	

**Part VII. ADDITIONAL EXPENSE CLAIMS**

<b>56</b>	<b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under §707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	
	a.	
	b.	
	c.	
	d.	
	Total: Add Lines a,b,c, and d	

57	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)	
	Date	Signature
	10/30/2014	/s/ Tammy Lynn Fox
		Tammy Lynn Fox (Debtor)
	Date	Signature
	10/30/2014	/s/ Justin Wayne Fox
		Justin Wayne Fox (Co-Debtor)

**Current Monthly Income Details for the Debtor****Debtor Income Details****Debtor Income for the Period 4/2014-9/2014****Gross wages, salary, tips, bonuses, overtime, commissions****Source of Income: Wages****6 individual month income**

6 Months Ago	4/2014	\$2,044.45
5 Months Ago	5/2014	\$2,495.01
4 Months Ago	6/2014	\$1,961.98
3 Months Ago	7/2014	\$2,185.44
2 Months Ago	8/2014	\$2,370.99
Last Month	9/2014	\$2,061.78
Average per Month		<u>\$2,186.61</u>